

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET
OKLAHOMA CITY OK 73105
Phone: (405)962-1400 Fax: (405)962-1440 email: licensing@okmedicalboard.org

Instructions for Applying for Physician Assistant (PA) Licensure/Reinstatement

The information contained herein is vital to the successful completion of your application and timely consideration of your request for licensure and/or reinstatement. Questions or challenges regarding application requirements should be addressed in writing to the Board Secretary. You will be notified, by email that your application has been received within 3 to 5 business days after submission. The email will list the deficiencies in the application and how to check the status of your application on the website.

Qualifications – To be eligible for licensure as a physician assistant (PA) an applicant must meet the following qualifications:

1. Graduation from an accredited physician assistant program recognized by the Oklahoma State Board of Medical Licensure and Supervision (Board); and
2. Passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants; and
3. Passed with a score of 75% or greater a jurisprudence examination prepared by the Board.

Reinstatement – An applicant for reinstatement of a PA license shall meet all requirements in effect at the time reinstatement is requested.

Fees – All fees are non-refundable. Fees for application must be paid online by credit card, debit card, or EFT from checking or savings account. Fees returned by the payer’s financial institution must be replaced by a certified check or money order and include a \$30 returned check processing fee.

Physician Assistant Application for License Fee	\$150
Physician Assistant License Renewal Fee	\$125

Application – must be completed online and can be found at <https://www.ok.gov/medlic/licensing/app/menu.php>.

1. All sections must be completed to the best of your knowledge. No applicant shall be awarded a license who does not provide the Board with complete, open and honest responses to all requests for information. For those items that do not apply to you, mark N/A (Not Applicable).
2. Any “yes” answer in the Attestation section of the application must be explained by a sworn affidavit (a statement signed by the applicant and notarized). Note: You are required to inform the Board if your response to any of the questions changes after you complete the application and submit it for processing.
 - a. Any “yes” answers to those questions concerning previous or current treatment require written releases by the applicant directly to the treatment provider with copies of such releases to accompany the application. The treatment providers should be instructed to provide their responses directly to this office.
 - b. If you answer “yes” to the question regarding previous arrests, you **must provide all available police reports, arrest records, and court documents.**
3. A detailed chronological life history from age eighteen years to the present, including education, training, employment, military service, and non-work time must be provided.
4. List all jurisdictions, United States or foreign, in which applicant is licensed, previously licensed, or has applied for licensure to practice as a physician assistant or is authorized or has applied for authorization to practice as a physician assistant. Applicant must also list all jurisdictions, United States or foreign, in which applicant has been denied authorization to practice or have voluntarily surrendered a license or authorization to practice.

Verification of all licenses or certificates ever held in the United States and/or Canada must be verified by the respective Licensing Board.

Forms - all forms can be found at https://www.okmedicalboard.org/physician_assistants#forms-resources

1. **Extended Background Check** – Applicants for licensure are required to request an Extended Background Check.

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2. **Evidence of Status Form** - In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
3. **Photo and Oath Form** – Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
4. **FORM 1** – Graduation from an accredited PA Program must be verified by submitting Form #1 (Allied Verification of Education). The completed form **must be submitted directly to the Board by the school**. An official transcript of grades with degree posted must be submitted in a sealed envelope or electronically directly from the institution.
5. **FORM 3** – Verification of all PA licenses, or certificates ever held in the United States and/or Canada must be sent by the respective Licensing Board directly to the Oklahoma Medical Board office. **It is recommended the applicant contact the respective Licensing Board to see how they require ordering the verification.**

Temporary Letter to Practice – Form 5 Physician Assistant Delegating Practice Agreement

The Secretary of the Board may grant temporary approval of a license to the physician assistant applicant provided all requirements for licensure have been met and verified.

General Application Process

1. The Physician Assistant Advisory Committee will review all applications by individuals for licensure and submit recommendations to the Board for action.
2. Applications for licensure will be approved by the Board approximately two weeks after the Committee meeting.
3. Should you have any questions, please contact the Licensing Department at (405) 962-1470.

Filing of Application to Practice

1. No health care services may be performed by a physician assistant unless a current license is on file with and approved by the Board. All practice agreements and any amendments shall be filed with the Board within ten (10) business days of being executed on Form 5 Physician Assistant Delegating Practice Agreement.
2. A PA may have practice agreements with multiple allopathic or osteopathic physician. Each physician shall be in good standing with the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners.
3. A supervising physician shall not serve as the supervising physician for more than a total of six (6) physician assistants and/or advanced practice nurses regarding their prescriptive authority.

Renewals

1. Licenses are renewed annually by application PRIOR to March 31 for the subsequent year beginning April 1 and ending the last day of March. Licenses issued BEFORE March 31 must be renewed for the next occurring renewal period most immediately subsequent to the date of issue of the license.
2. Following initial licensure, each PA must provide evidence that he or she has successfully completed 20 hours of Category 1 approved continuing medical education (CME) hours during the preceding calendar year. At least one (1) hour of Category 1 CME shall be earned each calendar year concerning the topic of substance abuse.
3. Unrenewed licenses become inactive as of April 1 and if reactivated on or after April 1, a late payment fee is assessed in addition to the renewal fee.
4. If a license is not renewed by May 31, the PA will be required to submit a new Application for Licensure.

PRACTICE MAY NOT BEGIN UNTIL APPROVED BY THE STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION. TO FACILITATE THE APPLICATION AND RENEWAL PROCESS, KEEP THIS OFFICE INFORMED OF YOUR CURRENT ADDRESS AT ALL TIMES.

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I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Name of Applicant (type or print)

Signature of Applicant

Date

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.